



Lincoln Police Department
James Peschong, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

May 23, 2013

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Buffalo Wings & Rings, 350 Canopy Street requesting a class I liquor license.

Kevin Wolf has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Kevin Wolf was born in Houston, Texas. He graduated from the Concordia University, Seward, Nebraska in 2000.

Mr. Wolf has been employed with Barton Development since 2000.

The applicant has been informed about the required training.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



PREMISE INFORMATION

Trade Name (doing business as) Buffalo Wings & Rings
 Street Address #1 350 Canopy Street, Suite 200
 Street Address #2 _____
 City Lincoln County Lancaster Zip Code 68508
 Premise Telephone number unknown E-mail m.barton@bartondevinc.com

Is this location inside the city/village corporate limits: ☒ YES ☐ NO

Mailing address (where you want to receive mail from the Commission)

Name BW&R Canopy, LLC

Street Address #1 5625 O Street, Suite 0

Street Address #2 _____

City Lincoln State NE Zip Code 68510

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED
READ CAREFULLY

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and **number of floors** of the building.

****For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms**

Length 110 feet


Width 49 feet

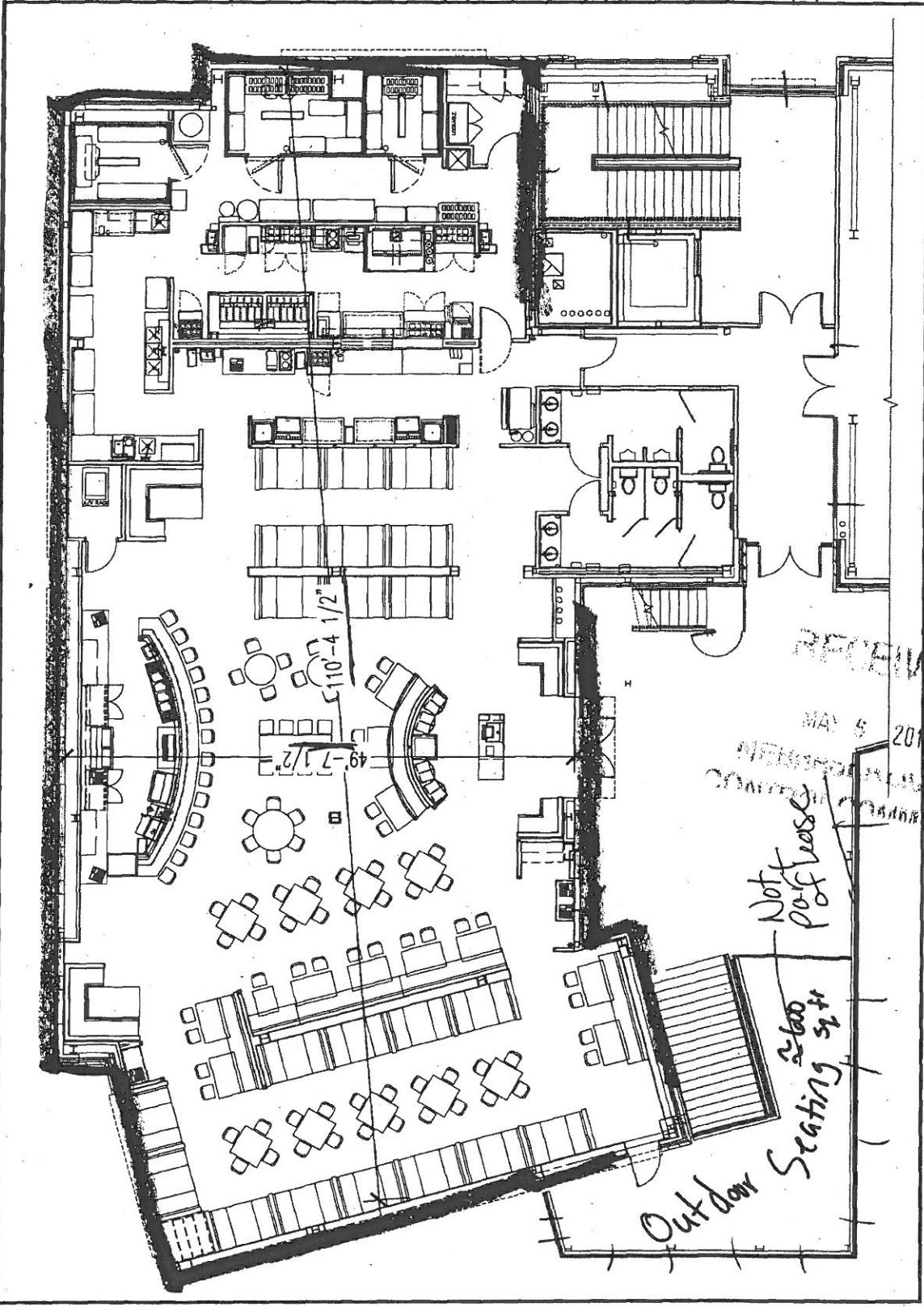
Is there a basement? Yes ☐ No ☒

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

*Second ^{floor} only approx 110' x 49'
 of three story bldg*

*No lease
 for outdoor area
 → applied for entertainment
 District license
 # 103299*

InterTech Design Services, Inc. Architecture and Engineering 10017 7th Avenue Suite 100 Buffalo, NY 14203 Phone: 716.871.1111 Fax: 716.871.1112		3/29/2013	SCALE: NOT TO SCALE	PROJECT NUMBER	LOCATION
		STAMP	SHEET NUMBER		



North
↑

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INTERTECH DESIGN
COMMERCIAL DIVISION

Not for use
Outdoor Seating 2600 sq ft

APPLICANT INFORMATION**1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ YES ☐ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
Michael Barton	2/18/2009	Lincoln, NE	Maintain Disorderly House, First Offense	Plead Guilty
Timothy Snyder	11/4/2002	Fremont, NE	Possession of a controlled substance	Plead Guilty

2. Are you buying the business of a current retail liquor license?

☐ YES ☒ NO

If yes, give name of business and liquor license number _____

- a) Submit a copy of the sales agreement
- b) Include a list of alcohol being purchased, list the name brand, container size and how many
- c) Submit a list of the furniture, fixtures and equipment

3. Was this premise licensed as liquor licensed business within the last two (2) years?

☐ YES ☒ NO

If yes, give name and license number _____

4. Are you filing a temporary operating permit to operate during the application process?

☐ YES ☒ NO

If yes:

- a) Attach temporary operating permit (T.O.P.) (form 125)
- b) T.O.P. will only be accepted at a location that currently holds a valid liquor license.

5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

☒ YES ☐ NO

If yes, list the lender(s) Cornerstone Bank

**MANAGER APPLICATION
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

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NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046

Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) **Must be a citizen of the United States**
- 2) **Must be a Nebraska resident (Chapter 2 - 006) and must provide proof of voter registration in the State of Nebraska**
- 3) **Must provide a copy of one of the following: state issued US birth certificate, naturalization paper or US passport**
- 4) **Must submit fingerprints (unless a non-participating spouse) (2 cards per person) and fees of \$38 per person, made payable to Nebraska State Patrol**
- 5) **Must be 21 years of age or older**
- 6) **May be required to take a training course**

Corporation/LLC information

Name of Corporation/LLC: BW&R Canopy, LLC

Premise information

Premise License Number: _____

(if new application leave blank)

Premise Trade Name/DBA: Buffalo Wings & Rings

Premise Street Address: 350 Canopy Street, Suite 200

City: Lincoln

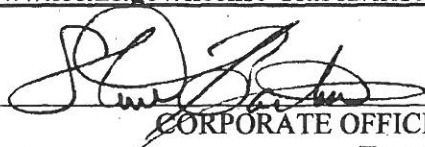
State: NE

Zip Code: 68508

Premise Phone Number: unkown, office 402-475-5858

The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b or listed with the Commission. Click on this link to see authorized individuals.

http://www.lcc.ne.gov/license_search/licsearch.cgi



CORPORATE OFFICER/MANAGING MEMBER SIGNATURE
(Faxed signatures are acceptable)

Manager's information must be completed below. PLEASE PRINT CLEARLY

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Gender: ☒ MALE

☐ FEMALE

Last Name: Wolf

First Name: Kevin

Home Address (include PO Box if applicable): 1033 Rigby Court

City: Goehner

County: Seward

Zip Code: 68364

Home Phone Number: 402-580-1343

Business Phone Number: 402-475-5858

Social Security Number: _____ Drivers License Number & State: _____

NE

Date Of Birth: _____ Place Of Birth: Houston, TX

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☒ YES

☐ NO

Spouse's information

Spouses Last Name: Wolf

First Name: Cameo

MI: _____

Social Security Number: _____ Drivers License Number & State: _____

NE

Date Of Birth: _____ Place Of Birth: Beatrice, NE

APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Goehner, NE	2000	2013	Goehner, NE	2000	2013

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2000	2013	Barton Development Inc	Amy Snyder	402-475-5858

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY. Must be completed by both applicant and spouse, unless spouse has filed an affidavit of non-participation.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? ☐ YES ☒ NO
IF YES, list the name of the premise.

3. Do you, as a manager, qualify under Nebraska Liquor Control Act (§53-131.01) and do you intend to supervise, in person, the management of the business? ☒ YES ☐ NO

4. Have you enclosed the required fingerprint cards and **PROPER FEES** with this application? (Check or money order made payable to the Nebraska State Patrol for \$38.00 per person)
☒ YES ☐ NO

5. List any alcohol related training and/or experience (when and where).

Will be trained inside and out of all bar info when trained in Cincinnati at Buffalo Wings and Rings Corporate for five weeks in June/July. Have Completed the RBST General as well as the Lincoln Server permit classes.

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NEBRASKA LIQUOR
CONTROL COMMISSION

STATE OF TEXAS		BIRTH NO.	
1. PLACE OF BIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY	HARRIS	a. STATE	TEXAS
b. CITY OR TOWN (If outside city limits, give precinct no.)	HOUSTON	b. COUNTY	HARRIS
c. NAME OF HOSPITAL OR INSTITUTION	PARK PLAZA HOSPITAL	c. CITY OR TOWN (If outside city limits, give precinct no.)	DEER PARK
d. IS PLACE OF BIRTH INSIDE CITY LIMITS?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	d. STREET ADDRESS (If rural, give location)	4229 KELVIN
		e. IS RESIDENCE INSIDE CITY LIMITS?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
		f. IS RESIDENCE ON A FARM?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3. NAME (Type or Print)		4. DATE OF BIRTH	
a. First		b. Middle	
KEVIN		LEE	
c. Last		WOLF	
5. SEX	6a. THIS BIRTH	6b. IF TWIN OR TRIPLET, WAS CHILD BORN	
MALE	SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	
7. NAME	8. COLOR OR RACE		
a. First	b. Middle	c. Last	
LLOYD	FREDRICK	WOLF	
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	
27 YEARS	TEXAS	ROUTE SALES	
12. MAIDEN NAME	13. COLOR OR RACE	11b. KIND OF BUSINESS OR INDUSTRY	
a. First	b. Middle	c. Last	
BERNICE	ELAINE	HIRSCH	
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
26 YEARS	TEXAS	a. How many OTHER children are now living?	
17. INFORMANT	18. I hereby certify that this child was born alive on the date stated above	b. How many OTHER children were born alive but are now dead?	
Bernice E. Stacy	19a. ATTENDANT'S SIGNATURE	c. How many children were born dead (fetal deaths after 20 weeks pregnancy)?	
	19b. ATTENDANT AT BIRTH	0	
	M.D. <input checked="" type="checkbox"/> D.O. <input type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER <input type="checkbox"/>	19c. DATE SIGNED	
	19d. DATE SIGNED	OCTOBER 25, 1976	
11:59 PM	4818 SAN JACINTO, HOUSTON, TEXAS 77004		
20a. REGISTRAR'S FILE NO.	20b. DATE REC'D BY LOCAL REGISTRAR	20c. REGISTRAR'S SIGNATURE	
	OCT. 27, 1976	R. S. Ward	

STATE OF TEXAS
COUNTY OF HARRIS

CITY OF HOUSTON
BUREAU OF VITAL STATISTICS

I HEREBY CERTIFY THAT THE ABOVE IS AN EXACT COPY OF A CERTIFICATE AS FILED IN THE BUREAU OF VITAL STATISTICS, CITY OF HOUSTON HEALTH DEPARTMENT, HOUSTON, TEXAS, AND THAT I AM THE LEGAL CUSTODIAN OF SUCH RECORDS.

(WARNING) NOT VALID UNLESS MACHINE SIGNED IN RED AND BLACK INK, AND THE RAISED SEAL OF THIS OFFICE AFFIXED HERETO;

DATE ISSUED SEPT. 18, 1981

R. S. WARD, REGISTRAR
BUREAU OF VITAL STATISTICS

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MAY 6 2013

NEBRASKA

Certificate of Achievement

- for those who serve or sell alcohol in Lincoln Nebraska

KEVIN L WOLF

holds a

LINCOLN SERVER/SELLER PERMIT

Permit # LNK-0017879

Permit Expires: 05-05-2016 Amount Paid: \$15.00

foodsafety  **HANDS**



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Certificate of Achievement

- for those who serve or sell alcohol in Nebraska

KEVIN L WOLF

holds a

RBST GENERAL CERTIFICATE

Permit # RB-0017878

Permit Expires: 05-05-2016 Amount Paid: \$

foodsafety  **HANDS**



**APPLICATION FOR LIQUOR LICENSE
LIMITED LIABILITY COMPANY (LLC)
INSERT - FORM 3b**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

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NEBRASKA LIQUOR CONTROL COMMISSION

All members including spouse(s), are required to adhere to the following requirements:

- 1) All members spouse(s) must be listed
- 2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Managing/Contact member and all members holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: Steve Barton

Name of Limited Liability Company that will hold license as listed on the Articles of Organization

BW&R Canopy, LLC #

LLC Address: 5625 O Street, Suite 0

City: Lincoln State: NE Zip Code: 68510

LLC Phone Number: 402-475-5858 LLC Fax Number: 402-327-8115

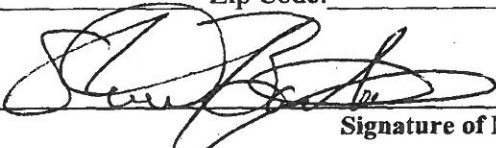
Name of Managing/Contact Member

Name and information of contact member must be listed on following page

Last Name: Barton First Name: Steve MI: S

Home Address: 5545 South 72nd Street City: Lincoln

State: NE Zip Code: 68516 Home Phone Number: 402-488-1236



Signature of Managing/Contact Member

ACKNOWLEDGEMENT

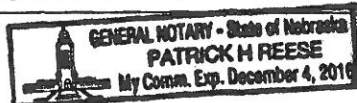
State of Nebraska
County of Lancaster

The foregoing instrument was acknowledged before me this

4/6/13
Date

by STEVEN BARTON
name of person acknowledge

Affix Seal



List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: Barton First Name: Michael MI: B

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: _____ Date of Birth: MAY 8 2013

Percentage of member ownership 25%

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NORTH CAROLINA
CONTROL COMMISSION

Pres Last Name: Barton First Name: Steve MI: S *prints*

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Diane Barton *AM.*

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 25%

Last Name: Wolf First Name: Kevin MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Cameo Wolf

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 25%

Last Name: Snyder First Name: Amy MI: E

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Timothy E Snyder

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 25%